

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Timothy J. Giere, Treasurer Elko Co. Classroom Teachers - TIP
 Name (print) Office (if applicable) District (if applicable)
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Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

☐ **Annual Filing - Due January 15, 2004**
 Period: January 1, 2003 - December 31, 2003

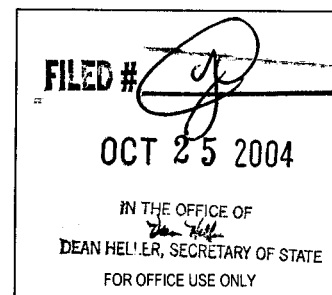
☐ **Report #1 - Due August 31, 2004**
 Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug 26, 2004
 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug 26, 2004
 All others Period: Jan. 1, 2004 - Aug. 26, 2004
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug 26, 2004

☒ **Report #2 Due - October 26, 2004**
 Period: Aug. 27, 2004 - Oct. 21, 2004

☐ **Report #3 Due - January 15, 2005***
 Period: Oct. 22, 2004 - Dec. 31, 2004
 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☐ **Annual Filing - Due January 15, 2005**
 Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
 2. Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative
From Beginning
of Report Period
#1 through End
of This Reporting
Period

633	83
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3. Total Amount of Monetary Contributions Received
 (Add Lines 1 and 2)
 4. Total Value of In Kind Contributions Received in Excess of \$100

This Period

Cumulative From
Beginning of
Report Period #1
Through End of
This Reporting
Period

633	83
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0

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100
 6. Total Monetary Expenses Paid of \$100 or Less
 7. Total Amount of All Monetary Expenses Paid
 (Add Lines 5 and 6)
 8. Total Value of In Kind Expenses in Excess of \$100

438	56
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438	56
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0

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Timothy J. Giere
 Signature

10-19-04
 Date

CAMPAIGN EXPENSES

Report Period #2

Elko County Classroom Teachers - T I P

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 9 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Jerry Williams, P.O. Box 1415 Elko, NV 89803	J	10-1-04	238.56
Mike Green, P.O. Box 6457 Gardnerville, NV 89460	J	2-1-04 10-19-04	200.00

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